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 WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 7136

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 09/847,325 | FILING DATE 05/03/2001 RULE | CLASS 380 | GROUP ART UNIT 2132 | ATTORNEY DOCKET NO. 0260/00071 |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Lars-Berno Fredriksson, Kinnahult, SWEDEN;

** CONTINUING DATA ****

THIS APPLICATION IS A DIV OF 09/101,748 08/31/1998 *

(*) Data inconsistent with PTO records.

** FOREIGN APPLICATIONS ****

SWEDEN 9600652-3 02/22/1996

SWEDEN 9600653-1 02/22/1996

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/16/2001

| | | | | | |
|---------------------------------|--|-------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY SWEDEN | SHEETS DRAWING 14 | TOTAL CLAIMS 17 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

Connolly Bove Lodge & Hutz LLP

Suite 800

1990 M Street, N.W.

Washington ,DC 20036-3425

TITLE

Device in a system operating with CAN-protocol and in a control and/or supervision system

| | | |
|-------------------------------|---|--|
| FILING FEE RECEIVED 710 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-------------------------------|---|--|